

APPLICATION DATA SHEET**Application Information**

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| Application Number:: | Unknown |
| Filing Date:: | Herewith |
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | n/a |
| Suggested Group Art Unit:: | n/a |
| CD-ROM or CD-R?:: | no |
| Number of CD disks:: | 0 |
| Number of copies of CDs:: | 0 |
| Sequence Submission?:: | no |
| Computer Readable Form (CRF)?:: | no |
| Number of copies of CRF:: | 0 |
| Title:: | MEMBRANE FOR USE WITH IMPLANTABLE DEVICES |
| Attorney Docket Number:: | DEXCOM.006C1 |
| Request for Early Publication?:: | no |
| Request for Non-Publication?:: | no |
| Suggested Drawing Figure:: | 1 |
| Total Drawing Sheets:: | 9 |
| Small Entity?:: | YES |
| Latin Name:: | n/a |
| Variety Denomination Name:: | n/a |
| Petition Included?:: | no |
| Petition Type:: | n/a |
| Licensed US Govt. Agency:: | no |
| Contract or Grant Numbers:: | no |

Secrecy Order in Parent Appl.?: no

Inventor Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED STATES
Status:: Full Capacity
Given Name:: James
Middle Name:: H.
Family Name:: Brauker
Street:: 10831 Riesling Drive
City:: San Diego
State or Province:: CA
Country:: United States
Postal or Zip Code:: 92131

Inventor Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED STATES
Status:: Full Capacity
Given Name:: Mark
Middle Name:: C.
Family Name:: Shults
Street:: 5106 Spring Court
City:: Madison
State or Province:: WI
Country:: United States
Postal or Zip Code:: 53705

Inventor Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED STATES
Status:: Full Capacity
Given Name:: Mark
Middle Name:: A.
Family Name:: Tapsak
Street:: 12804 Amaranth Street
City:: San Diego
State or Province:: CA
Country:: United States
Postal or Zip Code:: 92129

Correspondence Information

Correspondence Customer Number:: 20,995
Phone Number:: (949) 760-0404
Fax Number:: (949) 760-9502
E-Mail Address:: rthiessen@kmob.com

Representative Information

Representative Customer Number:: 20,995

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This Application | Continuation of | 09/916,386 | 07/27/2001 |

Assignment Information

Assignee Name:: Dexcom, Inc.
Street:: 6725 Mesa Ridge Road, Suite 100
City:: San Diego
State or Province:: CA
Country:: United States
Postal or Zip Code:: 92121

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